

## **In-Home Support**

**Definition:** Care, supervision, teaching and/or assistance provided directly to or in support of the individual and provided in the individual's home, family home, and/or the home of others. Community activities that originate from the home will be provided and billed as In-Home Support. These services are necessary to enable the person to live in the community by enhancing, maintaining, improving or decelerating the rate of regression of skills necessary to continue to live in the community.

Transportation can be provided between the home and community activities locations as a component part of this service. The cost of transportation is included in the rate paid to providers of this service.

In-Home Support may be chosen in lieu of provider managed services included in this waiver (Personal Care, Respite).

In-Home Support is a self-directed (or representative-directed) service. That means that the individual or representative is responsible for hiring and supervising the worker(s) who is who perform the service.

**Note:** Relatives/family members of a waiver individual may be paid to provide In-Home Support Services when the relative/family member is not a legally responsible relative/family member and he/she meets all South Carolina Medicaid provider qualifications. Please see Department Directive 736-01-DD entitled "Relatives/Family Members Serving As Paid Caregivers of Certain Medicaid Waiver Services".

**Providers:** In-Home Support Services are provided by an independent worker(s) who is chosen and supervised by the individual or his/her representative.

**Arranging for the Service:** If the person is determined to have needs that can be met through the provision of In-Home Support and is supported in the individual's Plan, this service should be considered and offered to the individual as an option. The need for and the offering of In-Home Support must be clearly documented.

This offering must include detailed information about the benefits and responsibilities of self/representative direction. The **Benefits/Responsibilities Discussion Guide** found in this chapter may be used to guide your discussions, as well as the **In-Home Support Employer Responsibilities Tool (Appendix 1)**

### **Technical Assistance**

If, at anytime, the individual who will direct the service needs assistance or support regarding the decision to direct the service, assistance is available through University of South Carolina's Center for Disability Resources. This service is free of charge to Community Supports Waiver individuals. To arrange for assistance or support, complete the **Center for Disability Resources Request for Technical Assistance for the**

**Community Supports Waiver (Community Support Form IH-6)** and send via fax to the location noted on the form.

If after the initial discussions, the participant desires self/representative direction, the **Direction of In-Home Support Screening (Community Supports Form IH-3)** should be completed in order to assure that the individual/representative has no communication or cognitive deficits that will interfere with direction. You are required to complete the **Direction of In-Home Support Screening (Community Support Form IH-3)** for any individual/representative interested in serving as the Employer.

If self/representative direction is determined to be appropriate and is still desired, more information about the risks, liabilities, role of Financial Manager, hiring/firing of worker(s) and management of worker(s) must be provided. Topics to include in your discussion should include:

- a. worker(s) responsibilities and duties
- b. Infection control practices
- c. Back-up plan
- d. Safety checklists
- e. Recruitment and interviewing of worker(s)
- f. Importance and how to do reference checks
- g. Enrollment requirements for worker(s)
- h. Employer of Record Responsibilities
- i. Enrollment with the fiscal agent, Jasper County Board of Disabilities
- j. In-Home Support billing/Direct Deposit
- k. Conflict resolution
- l. How to handle termination of a worker(s)

Once In-Home Support services are chosen, the amount, frequency and duration of the service must be determined and a budget for services added to the Waiver Tracking system. When the budget is approved, you can proceed with the enrollment process.

**Enrollment:** When an individual/representative decides to act in the capacity of the Employer (Employer of Record), he/she must complete the Employer enrollment process prior to assuming any duties. You must supply the forms listed below to the Employer for his/her completion. You then forward the completed forms to Jasper County DSN for the Employer of Record enrollment to be processed:

- ✓ IRS Form SS-4
- ✓ IRS Form 8821
- ✓ IRS Form 2678
- ✓ Participant Information Sheet
- ✓ Copy of Waiver Budget Authorizing Services

These items are listed on the **Checklist of Needed Items (Community Supports Form IH-4)**.

**Note:** The Employer will receive a Federal Tax ID number from the Federal Government in the mail. That Tax ID number must be forwarded to Jasper County DSN Board:

Jasper County Board of Disabilities and Special Needs  
P.O. Box 747  
Ridgeland, SC 29936

When the Employer process is completed, the Employer may begin recruiting workers and begin the process of employing whoever was chosen. Once a worker is chosen, the Employer must gather needed information about the worker [see the “worker” section of the **Checklist of Needed Items (Community Supports Form IH-4)**]. Once the Employer gathers this information, it will be submitted to you to check for accuracy and completeness. If accurate and complete, forward the information to Jasper County DSN Board which is the Financial Management Services provider. All information must be verified and updated as required.

#### **Authorization For Services**

Jasper DSN Board will notify you once they have completed the enrollment process. Upon receiving this notification, complete and submit the **Authorization for In-Home Support (Community Supports Form IH-2)** to each worker hired by the Employer. Copies of the authorization will be sent to the Employer, the Jasper County DSN Board and DDSN Cost Analysis (Central Office). Upon receipt of the authorization, the provider is authorized to provide the service. This authorization is in effect until a new/revised authorization form is sent or until services are terminated.

**Monitoring the Services:** You must monitor the service for effectiveness, frequency, duration, benefits, usefulness and the individual’s satisfaction of the service. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following schedule should be followed when monitoring In-Home Support Services:

- Within two weeks of start of service while the service is being provided. Unless a supervisor makes an exception. An exception is defined in the following circumstances:
  - ❖ The service is only provided in the early morning hours (prior to 7:00 am)
  - ❖ The service is only provided in the late evening hour (after 9:00pm)
  - ❖ The exception and approval by the supervisor must be documented. No other exceptions will be allowed.
  - ❖ At least once during the second month of service
  - ❖ At least quarterly thereafter
  - ❖ Start over with each new worker(s)
  - ❖ Yearly on site monitorship required

This monitoring will be considered complete when **one or more** of the following has been conducted:

- Review of documentation of services provided for the purpose of assessing the effectiveness, frequency, duration, benefits, and usefulness of the service (i.e. review of progress notes submitted by a psychologist providing psychological services)
- Conversation/discussion with the recipient, recipient's family/caregiver, or Day staff member for the purpose of determining the effectiveness, frequency, duration, benefits, and usefulness of the service.
- Conversation with the service provider about the effectiveness, frequency, duration, benefits, and usefulness of the service.
- On-site observation of the service being rendered for the purpose of determining the effectiveness, frequency, duration, benefits, and usefulness of the service.

Some items to consider during monitorship include:

- Has the individual's medical status changed since your last contact?
- Review the In-Home Support time sheets to ensure hours and services are being provided as authorized.
- Are all applicable services being provided as discussed?
- Is the individual satisfied with the result of this service?
- Does the individual feel that the provider is responsive to their needs?
- Does the individual feel that there is a good relationship with the worker(s)?

**Note:** Service Coordinators are expected to monitor the services with the same frequency as would be required if provided by a non-relative caregiver.

**Reduction, Suspension, or Termination of Services:** If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the individual or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See **Chapter 8** for specific details and procedures regarding written notification and the appeals process.